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9/22/03

INFORMATIONAL NOTICE

TO: Enrolled Non-Emergency Transportation Providers in St. Clair and Madison Counties

RE: Revised Rates Effective September 20, 2003

The department recently filed an emergency amendment to 89 Ill. Adm. Code 140.492, which allows the department to adjust reimbursement for medical transportation services in a county when such an adjustment is necessary to ensure the availability of transportation to medical services. Pursuant to this amendment, the department is increasing rates to select procedure codes for medicar, service car and taxicab providers located in St. Clair and Madison Counties.

The rates are effective for dates of service on, or after, September 20, 2003. The affected procedure codes and revised rates are as follows:

	Medicar		Service Car		Taxicab	
Base Trip	A0130	\$23.08	W7006	\$23.08	A0100	\$6.58
Return Trip	W7001	\$23.08	W7007	\$23.08	W7008	\$6.58
Mileage	W7002	\$1.65	W7014	\$1.65	W7009	\$1.65

Questions regarding the revised rates should be directed to the Bureau of Rate Development and Analysis at 217-785-0710. All other questions may be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

Anne Marie Murphy, Administrator
Division of Medical Programs